ARIZONA STATE BOARD OF PHYSICAL THERAPY APPLICATION FOR PHYSICAL THERAPIST INACTIVE STATUS

A.R.S. § 32-2031 (A): The board shall place a licensee or certificate holder on inactive status and waive the continuing competence requirements if a licensee or certificate holder presents a written affidavit to the board that the licensee or certificate holder is not currently engaged in the practice of physical therapy or working as a physical therapist assistant in this state, is in good standing with the board and has paid all fees required by this chapter.

Licensed Physical Therapist in the state of Arizona. I hold active license number	l,			, am a
Current Mailing Address: Number/Street/Apartment Number City State Zip Area Code Telephone number 1 affirm that 1 do not practice physical therapy in the state of Arizona Signature: Date: 1 affirm that my Arizona PT license is in good standing with the Board. Signature: Date: 1 affirm that I have paid all fees required by this chapter before this request for waiver. Signature: Date: 1 affirm that I understand that I may not engage in the practice of physical therapy in the state of Arizona. Signature: Date: 1 affirm that I understand that I must renew my status as "Inactive" by August 31 of every even numbered year Signature: Date: Under penalty of perjury, I declare and affirm that the statements made in this Application for Inactive Status a Complete and correct and that any false or misleading information may be cause for denial or disciplinary actio To the best of my knowledge and belief I am not in violation of the provisions of the Arizona Physical Therapy L Signature of Applicant	Licensed Physical Therapist in the	state of Arizona. I hold	d active licen	se number
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State of County of				
	State of	County of		
Sworn to before me this day of, 20,	Sworn to before me this	day of	,	20
Signature of Notary Public			Sig	nature of Notary Public